BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

STA 0301 PUS

CLAIMS AS FILED - PART I (Column 1)					(Colui	nn 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS		18					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			; g minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =		*			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in col						olumn 2	<u>L</u>	TOTAL	355	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2)						(Column 3)	S	i MALL E		OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL 4134	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	DETIPLE DEP	ENDEN	CLAIM		J .	+135=		OR	+270=	
							_	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		/DIT. T CL			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREV	HEST MBER OUSLY FOR	PRESENT EXTRA	1 Г	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	·/ A A	Minus	/		=		X\$ 9=		OR	X\$18=	
	Independent	TATION OF MI	Minus DE	***	T CL AIM	=	1 [X40=		OR	X80=	
L	T INOT T NESE	VIAIJON OF WI	OCT LE DEI	LIVELIV	7 OL7 (III)		۱ ا	+135=		OR	+270=	
							Δſ	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3				_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	HRST PRESE	NTATION OF M	ULTIPLE DEF	'ENDEN	II CLAIN		<u>ا</u> ل	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											TOTAL	
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											